



Provider Eligibility- System Documentation

Non-browser, Instructions
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And Substance Abuse Services

APS Manual 1020

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1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering federal and state funds designated for MH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine®¹ (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system that includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, the UCR system reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claim's payment-cycle time.

¹ IBM® is a registered Trademark of the International Business Machine Corp. All Rights Reserved.



2. SCOPE

IPRS includes a new and unique provider eligibility subsystem for DMH/DD/SA services and provides a method of entering provider information for the division and the pilot sites by using browser-based screens. An established process is used to determine a central provider identification number which links to the LMA assigned provider number. Provider number cross-referencing is established for providers that have more than one provider number. Specific provider information may be used to trace the provider back to the local managing agency. For maintenance of provider information, DMH/DD/SA services will also have the ability to add, suspend, cancel, terminate, modify or delete their providers. In addition, IPRS will provide a secure environment for the entry of provider data and provider information maintenance.

The IPRS project provides the DMH/DD/SA with a centralized Client Eligibility System, which will include Pioneer, Thomas S. and Willie M. clients. The information stored in this system will be used to process service claims submitted by billing providers.

The DMH/DD/SA currently uses the Pioneer Unit Cost Reimbursement System, which includes a number of interrelated and integrated policy and procedure components to assist the LMA with service delivery. Thomas S. and Willie M. clients are subsets of the pioneer population. The current Thomas S. and Willie M. systems maintain the eligibility data of each specified age disability program and level of eligibility (where appropriate) for which the client is eligible. Pioneer does not contain any client eligibility data. IPRS maintains this data, which is received directly from the LMAs and Thomas S. and Willie M. systems.

This document provides a structured examination of system parameters for Software Engineers (SE)s as defined in copybooks which identify the coding/programming behind the IPRS effort.

For those using strictly IPRS browsers, keep in mind that browser fields mirror the non-browser SE fields, and extracts data from a non-browser source (data base), making this document valuable for understanding copybook information and Data Element Definitions (DED)s (common elements for both).



3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or DED elements are not explained or covered in this section, but are covered in their respective DED section.

Acronyms

Acronym	Definition
AR	Accounts receivable: amount which was overpaid to the provider and which will be recouped.
ARC	At Risk Children: a program within the Division of MH/DD/SA Services that provides specialized services to emotionally disturbed, aggressive youth.
DED	Data Element Definition(s)
DMH	Department of Mental Health
IPRS	Integrated Payment and Reporting System
LMA	Local Managing Agency: local agency responsible for administering services and funds for DMH/DD/SA Services.
MR/MI	Mental Retardation/Mental Illness: a program within the Division of MH/DD/SA Services that provides specialized services to NC residents who are mentally retarded, with mental health or substance abuse problems, causing them to be inappropriately institutionalized.
SE	System Engineer
UCR	Unit Cost Reimbursement

Terms/Abbreviations

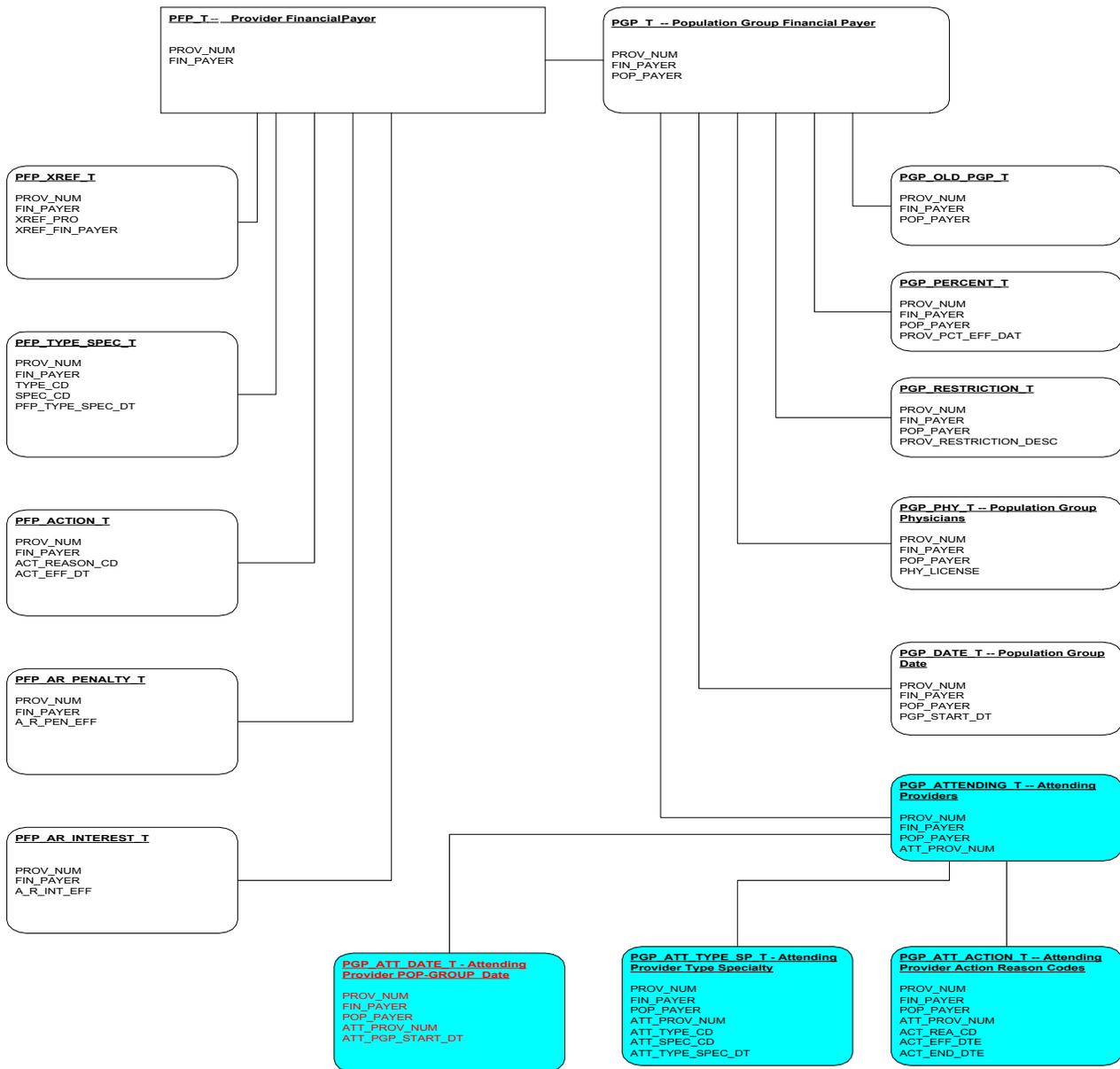
Term/Abbreviation	Definition



4. NON-BROWSER DATABASE STRUCTURE, COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)

These are the “behind-the-scene” SE workings.

4.1 Data Base Structure





4.2 Database Components

Built Data Definition Tables

Table Number	Copybook	Description
1.	DCLPFP	Provider Financial Payer table
2.	DCLPGP	Population Group Financial Payer table
3.	DCLFXRF	Provider xreference table
4.	DCLFTS	Provider Type Specialty table
5.	DCLFACT	Provider Action Reason Code table
6.	DCLFARP	Provider Account Receivable Penalty table
7.	DCLFARI	Proivder Account Receivable Interest table
8.	DCLGOLD	Providers Old Population group table
9.	DCLGPCT	Provider Percent table
10.	DCLGRST	Provider Restriction table
11.	DCLGPHY	Provider Population Group - Physicians
12.	DCLGATT	Attending Provider table
13.	DCLGADT	Attending Provider Population Group table
14.	DCIPGDAT	Population Group Date table
15.	DCIPGATS	Attending Provider Type Specialty table
16.	DCIPGACT	Attending Provider Action Reason Codes table

4.2.1 Provider Financial Payer Table

4.2.1.1 Copybook DCLPFP

```

01 DCLPFP-T.
   10 PROV-NUM                PIC X(13) .
   10 FIN-PAYER               PIC X(5) .

```



4.2.1.2 Data Element Definitions

Data Definition File – Provider Financial Payer table – DCLPPF		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	

4.2.2 Population Group Financial Payer table

4.2.2.1 Copybook DCLPGP

```

01 DCLPGP-T.
   10 PROV-NUM          PIC X(13).
   10 FIN-PAYER         PIC X(5).
   10 POP-PAYER         PIC X(5).
  
```

4.2.2.2 Data Element Definitions

Data Definition File – Population Group Financial Payer table – DCLPGP		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
POP-PAYER	Population payer.	

4.2.3 Provider Xreference Table

4.2.3.1 Copybook DCLFXRF

```

01 DCLPPF-XREF-T.
   10 PROV-NUM          PIC X(13).
   10 FIN-PAYER         PIC X(5).
   10 XREF-PROV         PIC X(13).
   10 XREF-FIN-PAYER    PIC X(5).
   10 XREF-IND          PIC X(1).
  
```

4.2.3.2 Data Element Definitions

Data Definition File – Provider Xreference table – DCLFXRF		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	



Data Definition File – Provider Xreference table – DCLFXRF		
Data Element/Structure	Definition/Explanation	Comments
XREF-PROV	Xreference provider number.	
XREF-FIN-PAYER	Xreference financial payer.	
XREF-IND	Xreference indicator.	

4.2.4 Provider Type and Specialty Table

4.2.4.1 Copybook DCLFSTS

```

01 DCLPFP-TYPE-SPEC-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 TYPE-CD           PIC X(3) .
   10 SPEC-CD           PIC X(3) .
   10 PFP-TYPE-SPEC-DT PIC S9(8)V USAGE COMP-3.
   10 TYPE-SPEC-END-DT PIC S9(8)V USAGE COMP-3.
  
```

4.2.4.2 Data Element Definitions

Data Definition File – Provider Type and Specialty table – DCLFSTS		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
TYPE-CD	Provider type code.	
SPEC-CD	Provider specialty code.	
PFP-TYPE-SPEC-DT	Effective date for this providers type/specialty.	
TYPE-SPEC-END-DT	End date for this providers type/specialty.	

4.2.5 Provider Action Reason Code Table

4.2.5.1 Copybook DCLFACT

```

01 DCLPFP-ACTION-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 ACT-REASON-CD     PIC X(2) .
   10 ACT-EFF-DT        PIC S9(8)V USAGE COMP-3.
   10 ACT-END-DT        PIC S9(8)V USAGE COMP-3.
  
```



4.2.5.2 Data Element Definitions

Data Definition File – Provider Action Reason Code table – DCLFACT		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
ACT-REASON-CD	Action reason code for provider.	
ACT-EFF-DT	Effective date for this provider’s action reason.	
ACT-END-DT	End date for this providers action reason.	

4.2.6 Provider Penalty Table

4.2.6.1 Copybook DCLFARP

```

01 DCLPFP-AR-PENALTY-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 A-R-PEN-EFF      PIC S9(8)V USAGE COMP-3.
   10 A-R-PEN-END      PIC S9(8)V USAGE COMP-3.
  
```

4.2.6.2 Data Element Definitions

Data Definition File – Provider Penalty table – DCLFARP		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
A-R-PEN-EFF	Effective date of penalty for this provider.	
A-R-PEN-END	End date of penalty for this provider.	

4.2.7 Provider Interest Table

4.2.7.1 Copybook DCLFARI

```

01 DCLPFP-AR-INTEREST-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 A-R-INT-EFF      PIC S9(8)V USAGE COMP-3.
   10 A-R-INT-END      PIC S9(8)V USAGE COMP-3.
  
```



4.2.7.2 Data Element Definitions

Data Definition File – Provider Interest table – DCLFARI		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
A-R-INT-EFF	Effective date of interest for this provider.	
A-R-INT-END	End date of interest for this provider.	

4.2.8 Old Population Group Table

4.2.8.1 Copybook DCLGOLD

```

01 DCLPGP-OLD-PGP-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 POP-PAYER         PIC X(5) .
   10 OLD-PROV-NUM     PIC X(13) .
   10 OLD-FIN-PAYER    PIC X(5) .
   10 OLD-POP-PAYER    PIC X(5) .
   10 OLD-PROV-START-DT PIC S9(8)V USAGE COMP-3 .
   10 OLD-PROV-END-DT  PIC S9(8)V USAGE COMP-3 .
  
```

4.2.8.2 Data Element Definitions

Data Definition File – Old Population Group table – DCLGOLD		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
POP-PAYER	Population payer.	
OLD-PROV-NUM	Old provider number.	
OLD-FIN-PAYER	Old financial payer.	
OLD-POP-PAYER	Old population group payer.	
OLD-PROV-START-DT	Effective date of old population group.	
OLD-PROV-END-DT	End date of old population group.	



4.2.9 Percent Table

4.2.9.1 Copybook DCLGPCT

```

01 DCLPGP-PERCENT-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 POP-PAYER        PIC X(5) .
   10 PROV-PCT-EFF-DT  PIC S9(8)V USAGE COMP-3.
   10 PROV-PCT         PIC S9(3)V9(2) USAGE COMP-3.
   10 PROV-PCT-END-DT  PIC S9(8)V USAGE COMP-3.
  
```

4.2.9.2 Data Element Definitions

Data Definition File – Percent table – DCLGPCT		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
POP-PAYER	Population payer.	
PROV-PCT-EFF-DT	Effective date for this provider’s percentage rate.	
PROV-PCT	Percentage of IRS withholding.	
PROV-PCT-END-DT	End date for this provider’s percentage rate.	

4.2.10 Restrictions Table

4.2.10.1 Copybook DCLGRST

```

01 DCLPGP-RESTRICTION-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 POP-PAYER        PIC X(5) .
   10 PROV-RESTRICT-DESC PIC X(2) .
   10 RESTRICT-START-DT PIC S9(8)V USAGE COMP-3.
   10 RESTRICT-END-DT   PIC S9(8)V USAGE COMP-3.
  
```

4.2.10.2 Data Element Definitions

Data Definition File – Restrictions table – DCLGRST		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	



Data Definition File – Restrictions table – DCLGRST		
Data Element/Structure	Definition/Explanation	Comments
POP-PAYER	Population payer.	
PROV-RESTRICT-DESC	Description of provider’s restriction.	
RESTRICT-START-DT	Effective date of restriction.	
RESTRICT-END-DT	End date of restriction.	

4.2.11 Population Group – Physicians Table

4.2.11.1 Copybook DCLGPHY

```

01 DCLPGP-PHY-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 POP-PAYER        PIC X(5) .
   10 PHY-PROV-NUM     PIC X(13) .
   10 PHY-LNM          PIC X(15) .
   10 PHY-FNM          PIC X(11) .
   10 PHY-MI           PIC X(1) .
   10 PHY-TITLE        PIC X(5) .
   10 PHY-LICENSE-NUM  PIC X(10) .
   10 PHY-SPEC-CD      PIC X(3) .
  
```

4.2.11.2 Data Element Definitions

Data Definition File – Population Group- Physicians table – DCLGPHY		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
POP-PAYER	Population payer.	
PHY-PROV-NUM	Physician’s provider number.	
PHY-LNM	Physician’s last name.	
PHY-FNM	Physician’s first name.	
PHY-MI	Physician’s middle initial.	
PHY-TITLE	Physician’s title.	
PHY-LICENSE-NUM	Physician’s license number.	
PHY-SPEC-CD	Physician’s specialty code.	



4.2.12 Attending Provider Table

4.2.12.1 Copybook DCLGATT

```

01 DCLPGP-ATTENDING-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 POP-PAYER         PIC X(5) .
   10 ATT-PROV-NUM     PIC X(13) .
  
```

4.2.12.2 Data Element Definitions

Data Definition File – Attending Provider table – DCLGATT		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
POP-PAYER	Population payer.	
ATT-PROV-NUM	Attending provider number.	

4.2.13 Attending Provider Population Group Table

4.2.13.1 Copybook DCLGADT

```

01 DCLPGP-ATT-DATE-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 POP-PAYER         PIC X(5) .
   10 ATT-PROV-NUM     PIC X(13) .
   10 ATT-PGP-START-DT PIC S9(8)V USAGE COMP-3.
   10 ATT-PGP-END-DT   PIC S9(8)V USAGE COMP-3.
   10 INSERT-TS        PIC X(26) .
  
```

4.2.13.2 Data Element Definitions

Data Definition File – Attending Provider Population Group table – DCLGADT		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Provider number.	
FIN-PAYER	Financial payer.	
POP-PAYER	Population payer.	
ATT-PROV-NUM	Attending provider number.	
ATT-PGP-START-DT	Population group payer start date .	



Data Definition File – Attending Provider Population Group table – DCLGADT		
Data Element/Structure	Definition/Explanation	Comments
ATT-PGP-END-DT	Population group payer end date.	

4.2.14 Population Group Date Table

4.2.14.1 Copybook DCIPGDAT

```

01 DCLPGP-DATE-T.
   10 PROV-NUM           PIC X(13) .
   10 FIN-PAYER          PIC X(5) .
   10 POP-PAYER          PIC X(5) .
   10 PGP-START-DT      PIC S9(8)V USAGE COMP-3.
   10 PGP-END-DT        PIC S9(8)V USAGE COMP-3.
  
```

4.2.14.2 Data Element Definition

Data Definition File – Population Group Date table – DCIPGDAT		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Billing provider number.	
FIN-PAYER	Financial payer.	
POP-PAYER	Population payer for billing provider.	
PGP-START-DT	Billing provider population-group payer start date.	
PGP-END-DT	Billing provider population-group payer end date.	

4.2.15 Attending Provider Type Specialty Table

4.2.15.1 Copybook DCIPGATS

```

01 DCLPGP-ATT-TYPE-SP-T.
   10 PROV-NUM           PIC X(13) .
   10 FIN-PAYER          PIC X(5) .
   10 POP-PAYER          PIC X(5) .
   10 ATT-PROV-NUM      PIC X(13) .
   10 ATT-TYPE-CD        PIC X(3) .
   10 ATT-SPEC-CD        PIC X(3) .
   10 ATT-TYPE-SPEC-DT  PIC S9(8)V USAGE COMP-3.
   10 ATT-TYPE-SPEC-END PIC S9(8)V USAGE COMP-3.
  
```



4.2.15.2 Data Element Definition

Data Definition File – Attending Provider Type Specialty table – DCIPGATS		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Billing provider number.	
FIN-PAYER	Financial payer.	
POP-PAYER	Population payer.	
ATT-PROV-NUM	Attending provider number.	
ATT-TYPE-CD	Attending type code.	
ATT-SPEC-CD	Attending specialty code.	
ATT-TYPE-SPEC-DT	Attending type/specialty start date.	
ATT-TYPE-SPEC-END	Attending type/specialty end date.	

4.2.16 Attending Provider Action Reason Codes Table

4.2.16.1 Copybook DCIPGACT

```

01 DCLPGP-ATT-ACTION-T.
   10 PROV-NUM          PIC X(13) .
   10 FIN-PAYER         PIC X(5) .
   10 POP-PAYER         PIC X(5) .
   10 ATT-PROV-NUM     PIC X(13) .
   10 ACT-REASON-CD    PIC X(2) .
   10 ACT-EFF-DT       PIC S9(8)V USAGE COMP-3 .
   10 ACT-END-DT       PIC S9(8)V USAGE COMP-3 .
  
```

4.2.16.2 Data Element Definition

Data Definition File – Attending Provider Action Reason Codes table – DCIPGACT		
Data Element/Structure	Definition/Explanation	Comments
PROV-NUM	Billing provider number.	
FIN-PAYER	Financial payer.	
POP-PAYER	Population payer.	
ATT-PROV-NUM	Attending provider number.	
ACT-REASON-CD	Attending provider action reason-code.	
ACT-EFF-DT	Effective date for attending provider action reason-code.	
ACT-END-DT	End date for attending provider action reason-	



Data Definition File – Attending Provider Action Reason Codes table – DCIPGACT		
Data Element/Structure	Definition/Explanation	Comments
	code.	

4.3 Provider Cross Reference File

4.3.1.1 Copybook HMOYPX01

RECORD LAYOUT DATASET : PDSRA.HMXCM.PROD.COPY
 MEMBER : HMOYPX01

```

FIELD
----- FIELD LEVEL/NAME ----- -PICTURE- -NUMBER START      END      LENGTH
(PREF) BASE-XREF
5 (PREF) BASE-XREF          GROUP          1        1      100      100
10 (PREF) CHANGE-CODE      X              2        1        1        1
10 (PREF) CHANGE-KEY      GROUP         3        2       58       57
  15 (PREF) OLD-BASE-PROVNUM X(13)         4        2       14       13
  15 (PREF) OLD-FIN-PAYER  X(5)          5       15       19        5
  15 (PREF) DATE-ADDED     X(8)          6       20       27        8
  15 (PREF) TIME-ADDED     9(7)          7       28       34        7
  15 (PREF) NEW-BASE-PROVNUM X(13)         8       35       47       13
  15 (PREF) NEW-BASE-FIN-PAYER X(5)          9       48       52        5
  15 (PREF) NEW-BASE-PROV-TYPE XXX           10      53       55        3
  15 (PREF) NEW-BASE-PROV-SPEC XXX           11      56       58        3
10 (PREF) SYS-MSG         X(20)         12      59       78       20
10 (PREF) CLERK-ID        X(4)          13      79       82        4
10 (PREF) AVAILABLE-IND   X              14      83       83        1
10 (PREF) BATCH-DATE      X(8)          15      84       91        8
10 FILLER                  X(9)          16      92      100        9
  
```

4.3.1.2 Data Element Definitions

Data Definition File – Provider Cross Reference File – HMOYPX01		
Data Element/Structure	Definition/Explanation	Comments
BASE-XREF	Group level of xreference record.	
CHANGE-CODE	Action code for change.	
CHANGE-KEY	Group level of change key.	
OLD-BASE-PROVNUM	Old base provider number.	
OLD-FIN-PAYER	Old financial payer.	
DATE-ADDED	Date the record was added to the Vsam file.	



Data Definition File – Provider Cross Reference File – HMOYPX01		
Data Element/Structure	Definition/Explanation	Comments
TIME-ADDED	Time the record was added to the Vsam file.	
NEW-BASE-PROVNUM	New provider number base.	
NEW-BASE-FIN-PAYER	New financial payer for the base provider.	
NEW-BASE-PROV-TYPE	Type code for the base provider.	
NEW-BASE-PROV-SPEC	Specialty code for base provider.	
SYS-MSG	System message if record was successfully added.	
CLERK-ID	User entering in change.	
AVAILABLE-IND	System used indicator to prevent multiple changes to same base.	
BATCH-DATE	Date the change was added to the file.	



DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

Version (Major changes are new versions)	Approval Date (mm/dd/yy)	Changed By (Person who made the changes for this version)	Approval (Approving Authority (name) – may be "N/A")	Reason (List major change reasons only)
Draft	xx/xx/xx	Russell Blackburn Jr.		Initial document creation and updates until v1.0 approval.
v1.0		Sandy Flores		